

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
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1. Application Date November 17, 1975	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed DEC 12 1975 75-275 DEC 16 1975	
2. Agency Application No. DHR-17		4. Person to Contact Ruth Moody	6. Tel. No. 894-5122
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources, Division of Physical Health Adult Health Unit - Screening and Detection 618 Ponce de Leon Avenue Atlanta, Georgia		5. Working Title Staff Supervisor	

7. ACTION REQUESTED

- ☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1974-Present	9. Exact Series Title Stroke and Heart Attack Prevention Client Case Files
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10. What is the function of the office in which this record series is created?
The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health programs throughout the State. Included are: the establishment of health standards for business, housing, field operations and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State. Adult Health - Screening and Detection Unit has the responsibility to provide technical support and guidance to local health personnel in the various programs of screening persons for the detection of chronic diseases such as stroke, hypertension, lung diseases, diabetes, arthritis and diseases and problems of the aged.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).
Documents relating to the maintenance of a medical file on each client participating in the screening and detection program for stroke and heart attach risk factors. Included but not limited to are "Screening - Rescreening Form" identifying medical data release statement, client's name and number, vital statistics, usual place of medical care, family and personal history, uniphasic or any combination of multiphasic screening, retesting results, lab results, evaluation of screening results, recommend course of action, physician recommendations; "Medical Evaluation Follow-up Form", identifying client and number, physician diagnosis recommended treatment, lab findings, services requested, case disposition; medical history and physical examination; and similar and related documents. Files are arranged alphabetically by client's name or numerically by identification number assigned by clinic.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
Letter-size File Drawers	10	15		10	15		
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)		
Estimated state wide	New program			14			
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years'
				10	2	2	1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. <i>Quarterly and annual client treatment reports.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling?
<i>Confidential client medical information.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file?
<i>Quarterly and annual summary treatment reports.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout?
<i>Quarterly and annual summary treatment reports.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 5 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
- (Cite Law, Statute, or other reason for the retention requirement)
- To provide for long term follow-up evaluation of program goals and achievements.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER See below, then:

- ☐ Hold in the current files area month(s)/ year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold year(s):
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify)

SEE ATTACHED SHEET

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William J. McDonald</i> DHR RMO	12-2-75		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Ruth Moody</i>	12-2-75
	State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Hife</i>	12-11-75
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	12-10-75
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>W. H. Hume</i>	12-12-75

STATE RECORDS
COMMITTEE

Department of Human Resources
Division of Physical Health
Adult Health Unit - Screening and Detection
618 Ponce de Leon Avenue
Atlanta, Georgia

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No. 25

When client becomes inactive in the program, place all papers in the inactive file; then cut-off the inactive file at the end of the calendar year; hold in current files area or State Records Center for 5 years; then destroy

Deceased clients - Upon notification of death, place in deceased file; cut-off deceased file at the end of the calendar year; hold in current files area for one year; then destroy.